

PLANNING AND DEVELOPMENT DEPARTMENT

2600 Fresno Street
Fresno, CA 93721-3604

Phone: 559-621-8277
Fax: 559-488-1020

MASTER SIGN PROGRAM APPLICATION

APPLICATION NO. MSP _____

To be filled out by Applicant:

SITE ADDRESS : _____ RELATED SPECIAL PERMIT: _____

APN: _____; ZONING DISTRICT: _____

OWNER'S NAME: _____
(Please Print)

APPLICANT'S NAME: _____
(Please Print) (Company/Business)

APPLICANT'S ADDRESS: _____ CITY: _____ ZIP CODE: _____

APPLICANT'S SIGNATURE: _____

Development Department Staff Only – Below This Line

Fee: New development=\$370.00 Existing development= \$150.00

RECEIVED BY: _____ DATE: ____/____/____ PZ #: _____

ZONE DISTRICT: _____ APN: _____ - _____ - _____

COMMUNITY/SPECIFIC PLAN AREA/COMMITTEE: _____

OWNER/PROPERTY MGMNT CRITERIA SUBMITTED: ☐ APPROVE ☐ DENY

ANALYST RECOMMENDATION TO MANAGER: ☐ APPROVE ☐ DENY

MANAGER RECOMMENDATION: ☐ APPROVE ☐ DENY

APPROVAL or DENIAL LETTER MAILED TO APPLICANT: ____/____/____
(Date)